**State of Iowa 509A Certificate of Compliance**

Public Body Name: Click here to enter text.

We are an Iowa public body self-funding our life and/or health plan. We certify that the plan meets the requirements of Iowa Code 509A.14 & .15 and applicable provisions of the Iowa administrative code. Pursuant to Iowa Code 509A.15(1), we are filing this certificate with the Iowa Insurance Commissioner. A ***$100*** filing fee is attached along with the following documents:

**1. Actuarial opinion [509A.15(1)(b)] 2. Annual financial report [ 509A.15(1)]**

Pursuant to 509A.15(1), these documents are required to be filed within 90 days following the end of our plan year. We are Click here to enter text. days late with respect to this filing. Pursuant to 509A.15(1), we are enclosing a check for $Click here to enter text. representing $15 for each day in excess of the 90 day filing limit.

Plan year beginning: Click here to enter text. Plan year ending: Click here to enter text.

The plan complies with all applicable state and federal laws: Choose an item.

The actuarial opinion complies with the requirements contained in 509A.15(1)(b): Choose an item.

Pursuant to 191-35.20(2), state mandated benefits are part of the plan design: Choose an item.

Pursuant to 191-35.20(2)(g), the plan is protected by an aggregate stop-loss of no more than 125% of expected claims: Choose an item. Specific stop-loss: Choose an item.

Reinsurer or surplus lines company: Click here to enter text.

Name of Agent: Click here to enter text.

X = # of participants (single contracts + family contracts): Click here to enter text.

Y = # of written complaints: Click here to enter text.  
Y / X = % filing written complaints: Click here to enter text.%

A written complaint procedure exists [509A.15(1)c)]: Choose an item.

Third party administrator: Click here to enter text.

Confidentiality of information rules have been adopted [509A.15(2)]: Choose an item.

We agree that if the resources of the plan are inadequate to fully cover claims under the plan, then we are liable for any portion of the claim that is left unpaid. We also understand that the Commissioner may disapprove or draw a Notice of Hearing against our plan for failing to comply with any of the requirements of 509A.14 & .15 or 191-35.20(509A).

Authorized signature and title:

Typed name and title: Click here to enter text.

Telephone number: Click here to enter text. Date: Click here to enter text.

See note on page 2==========>>>>>>>>>>

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Iowa Administrative Code 191- 35.20(2) Minimum plan standards. Self-funded life plans subject to this rule shall meet the requirements of Iowa Code sections 509.1, 509.2, 509.4, and 509.15 and rules thereunder. Self-funded accident and health plans subject to this rule shall meet the requirements of Iowa Code sections 509.1 and 509.3 and rules thereunder.

This means that self-funded plans for public body employees must provide the same benefits as fully insured plans -- this also includes Iowa Code 514C benefits.